Individual Characteristics Form Work Opportunity and Welfare-to-Work Tax Credits

U.S. Department of Labor Employment and Training Administration

3. EMPLOYER NAME/ADDRESS 4. EMPLOYER FEDERAL ID NO. 5. EMPLOYMENT START DATE: Starting Wage: 5. Have you worked for the above employer before? Yes No Starting Wage: 5. Have you worked for the above employer before? Yes No Starting Wage: 5. SOCIAL SECURITY NUMBER: 7. NAME OF INDIVIDUAL (Last, First, Middle) 7. NAME OF INDIVIDUAL (Last, First, Middle) 8. Age between 16 - 25? Yes No Starting Wage: 9. Age between 16 - 25? Yes No Starting Wage: 10. Is a veteran and a member of a family that received from starting the last 15 months. 11 YES, inso complete Box 17. 12. Is a member of a family that received Food Stamps for a period of at least 3 months. 12 Yes No Starting Wage: 13. In the past year has been convicted on Starting that received from prison after a felory conviction. 14 YES, also complete Box 17. 15. Is receiving them. 15. Is receiving or has received Rehabilitation Services 15. Is receiving or has received Rehabilitation Services 16. Income: 17 Yes No Starting Wage: 18. No Starting Wage: 19. Age between 16 - 25? 19. Age	CONTROL NO. (For Agency Use Only)		Individual Information (Instructions on the Back)		OMB Control No.: 1205-0371 2. DATE RECEIVED	
Starting Wage: 6. Have you worked for the above embloyer before? 7. NAME OF INDIVIDUAL (Last, First, Middle) 7. NAME OF INDIVIDUAL (Last, First, Middle) 8. SOCIAL SECURITY NUMBER: 9. Age between 16 - 287 Yes No Starting Wage: 9. Age between 16 - 287 Yes No Or Individual is determined to have the following characteristics for WOTC Target Group Certification: 10. Is a veteran and a member of a family that received Food Stamps on the last 19 months in the last 18 months. Yes No Or If YES, indicate your 'Date of Birth' below: 12. Is a member of a family that received Food Stamps on the last 6 months. Yes No Or or If YES, and scomplete Box 17. 12. Is a member of a family that received Food Stamps for the last 6 months. But is no longer receiving them. Yes No Or or If YES, complete below: Yes No Or If YES, complete below: Yes No Or Total lincome for the 6 months prior to hire date for all family members living in the same household. Yes No Or Services through a State Penhabilitation Services th			(instructions on the back)			
employer before? Yes No 8. SOCIAL SECURITY NUMBER: 10. Is a veteran and a member of a family that received Food Stamps for a period of all least 3 months in the last 15 months. 11. Is a member of a family that received Food Stamps for a period of all least 3 months in the last 15 months. 12. Is a member of a family that received Food Stamps for a period of all least 3 months in the last 15 months. 13. Is member of a family that received Food Stamps for a period of all least 3 months in the last 15 months. 14. Lives and plans to complete Box 17. 15. Is a member of a family that received Food Stamps for the last 6 months. 16. In the past year has been convicted of a falony or released from prison after a felony conviction. 17. NAME OF INDIVIDUAL (Last, First, Middle) 18. SOCIAL SECURITY NUMBER: 19. Age between 16 - 267 4 FOOD Stamps for the last 6 months. 19. Stamps for the last 6 months. 19. In the past year has been convicted of a family that received Food Stamps for the last 18 months. 19. In the past year has been convicted of a falony or released from prison after a felony conviction. 19. No — or for at least a 3-month period within the last 5 months. 19. But of Release — Date of Release — Date of Release — Total Income for the 6 months prior to the date for all family members living in the same household for the 5 mos., prior to hire date, including yourself: 10. Is a receiving or has received Rehabilitation. 10. Services through a State Rehabilitation. 11. Lives and plans to continue living in a federal Employmement Zone, Enterprise or Renewal Community. 12. Is a member of a family that: 13. Is a member of a family that: 14. Lives and plans to continue living in the same household for the 6 months prior to hire date for all family members living in the same household for the 6 most. 15. Is receiving or has received Rehabilitation. 16. Received Supplemental Security income (SS) benefits for any month ending within the last 30 days. 17. If individual is not a primary reciplent of b	3. EMPLOYER NAME/ADDRESS		4. EMPLOYER FEDERAL ID NO.			
7. NAME OF INDIVIDUAL (Last, First, Middle) 8. SOCIAL SECURITY NUMBER: 10. Is a veteran and a member of a family that received Food Stamps for a period of at least 15 months. 11. Is a member of a family that received Food Stamps for a period of at least 15 months. 12. Is a member of a family that received Food Stamps for a period of at least 15 months. 13. In the past year has been convicted of a family that received Food Stamps for the last 6 months. 14. Lives and plans to continue living in a federal Empowerment Zone, Enterprise or Renewal Community. 15. Is acceiving or has received Rehabilitation 15. Is receiving or has received Rehabilitation 16. Received Supplemental Security income (SS) benefits for any month ending within the last 80 days. 17. If individual is not a primary recipient of benefits, please provide the following: 16. Received Supplemental Security income (SS) benefits for any month ending within the last 80 days. 17. If individual is not a primary recipient of benefits, please provide the following: 18. Is a member of a family that: 19. It is a member of a family that: 19. It is a member of a family that: 19. It is a member of a family that: 19. It is a member of a family that the least 18 consecutive months; 19. It is a member of a family that the information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification. The signature of the party completing this form is required below.				, ·		
The above named individual is determined to have the following characteristics for WOYC Target Group Certification: 9. Age between 16 - 25? 10. Is a veteran and a member of a family that received from the fact is months. 11. Is a member of a family that received Food Stamps for a period of all least 3 months in the last 15 months. 12. Is a member of a family that received Food Stamps for a period of a family that received Food Stamps for the last 6 months. 13. In the past year has been convicted of a fellony or released from prison after a fellony conviction. 14. Lives and plans to continue living in a Fodoral Empowerment Zone, Enterprise or Renewal Community. 15. Is receiving or has received Rehabilitation Services Introduced in the same household. 16. Received Supplemental Security income (SSI) benefits for any month ending within the last 5 months. 17. If individual is not a primary recipient of benefits, please provide the following: 18. Is a member of a family that: 19. Age between 18 - 25? 10. Is a veteran and a member of a family that received AFDC (TARF) benefits for any 9 months in the last 18 months. 19. No			Yes — No — —			
9. Age between 16 - 257 Yes No 10. Is a verteran and a member of a family that received food Stamps for a period of at least 3 months in the last 15 months. Yes No 12. Is a member of a family that received Food Stamps for the last 6 months. Yes No 0 or 17 YES, also complete Box 17. 12. Is a member of a family that received Food Stamps for the last 6 months. Yes No 0 or 18 year has been convicted of a fellony or released from prison after a telony conviction. Yes No 17 YES, also complete Box 17. 15. Is receiving or has received Rehabilitation Services program or the Veterans' Administration. Yes No 15 Is receiving or has received Rehabilitation Services program or the Veterans' Administration. Yes No 10 No. of family members living in the same household for the 6 mos., prior to hire date for all family worked in the last 60 days. Total Income: 17. If individual is not a primary recipient of benefits, please provide the following: This section is to be completed by individuals starting to work after December 31, 1997, under the Welfare-to-Work Tax Credit on the same household for the 6 mos., prior to hire date including yourself: This section is to be completed by individuals starting to work after December 31, 1997, under the Welfare-to-Work Tax Credit on the same household for the 6 mos., prior to hire date including yourself: This section is to be completed by individuals starting to work after December 31, 1997, under the Welfare-to-Work Tax Credit on the same household for the 6 mos., prior to hire date, including yourself: This section is to be completed by individuals starting to work after December 31, 1997, under the Welfare-to-Work Tax Credit on the same household for the 6 mos., prior to hire date, including yourself: This section is to be completed by individuals starting to work after December 31, 1997, under the Welfare-to-Work Tax Credit on the same household for the 6 mos., prior to hire date, including yourself: This section is to be completed by individuals starting to work after Decem	• • •	•				
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Yes			family that received Food Stamps for a period of at least 3 months in	AFDC (TANF) benefits for any 9 months in the last 18 months. Yes No		
Stamps for the last 6 months. Yes No or for at least a 3-month period within the last 5 months, BUT is no longer receiving them. Yes No If YES, complete below: Date of Conviction Total Income for the 6 months prior to hire date for all family members living in the same household. Yes No Yes No Total Income: (If No Income, Enter 0 above) No. of family members living in the same household for the 6 mos., prior to hire date including yourself: This section is to be completed by individuals starting to work after December 31, 1997, under the Welfare-to-Work Tax Credit on the sare and the earliest 18-month period beginning after August 5, 1997, ended within the last 2 years or yes No or Stopped being eligible for TANF payments within the last 2 years because Federal or state law limited the maximum time those payments could be made. Noe: I certify that the information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification. The signature of the party completing this form is required below.	· · · · · · · · · · · · · · · · · · ·		Yes No			
For at least a 3-month period within the last 5 months, BUT is no longer receiving them. Yes No	Stamps for the last 6 months.		convicted of a felony or released	a Federal Empowerment Zone,		
Date of Conviction	for at least a 3-month period within the last 5 months,			Yes —	No	
Date of Release Total Income for the 6 months prior to hire date for all family members living in the same household. Total Income, SSI) benefits for any month ending within the last 60 days. Yes No			Date of Conviction			
15. Is receiving or has received Rehabilitation Services program or the Veterans' Administration. Yes No	15. Is receiving or has received Rehabilitation Services through a State Rehabilitation Services program or the Veterans' Administration.		Total Income for the 6 months prior to hire date for all family members living in the same household.	Income (SSI) benefits for any month ending within the last 60 days.		
YesNo						
household for the 6 mos., prior to hire date, including yourself: This section is to be completed by individuals starting to work after December 31, 1997, under the Welfare-to-Work Tax Credit on 18. Is a member of a family that: Has received TANF payments for at least the last 18 consecutive months; Has received/is receiving TANF payments for any 18 months starting after August 5, 1997; and the earliest 18-month period beginning after August 5, 1997, ended within the last 2 years; or Stopped being eligible for TANF payments within the last 2 years because Federal or state law limited the maximum time those payments could be made. 19. SOURCES USED TO DOCUMENT ELIGIBILITY: Note: I certify that the information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification. The signature of the party completing this form is required below.			(If No Income, Enter 0 above) No. of family members living in the same household for the 6 mos., prior to hire date			
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18. Is a member of a family that: * Has received TANF payments for at least the last 18 consecutive months; * Has received/is receiving TANF payments for any 18 months starting after August 5, 1997; and the earliest 18-month period beginning after August 5, 1997, ended within the last 2 years; or * Stopped being eligible for TANF payments within the last 2 years because Federal or state law Yes				City/S	tate of Benefits	
 Has received TANF payments for at least the last 18 consecutive months; Has received/is receiving TANF payments for any 18 months starting after August 5, 1997; and the earliest 18-month period beginning after August 5, 1997, ended within the last 2 years; or Stopped being eligible for TANF payments within the last 2 years because Federal or state law limited the maximum time those payments could be made. SOURCES USED TO DOCUMENT ELIGIBILITY: No	This section is to be completed by indiv	iduals s	tarting to work after December 31, 1997,	under the	Welfare-to-Work Tax Credit only	
* Has received/is receiving TANF payments for any 18 months starting after August 5, 1997; and the earliest 18-month period beginning after August 5, 1997, ended within the last 2 years; or Yes — No — or * Stopped being eligible for TANF payments within the last 2 years because Federal or state law Yes — No — limited the maximum time those payments could be made. 19. SOURCES USED TO DOCUMENT ELIGIBILITY: Note: I certify that the information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification. The signature of the party completing this form is required below.	18. Is a member of a family that:					
and the earliest 18-month period beginning after August 5, 1997, ended within the last 2 years; or * Stopped being eligible for TANF payments within the last 2 years because Federal or state law limited the maximum time those payments could be made. 19. SOURCES USED TO DOCUMENT ELIGIBILITY: Note: I certify that the information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification. The signature of the party completing this form is required below.	* Has received TANF payments for at least	the last	18 consecutive months;	١	/es No or	
limited the maximum time those payments could be made. 19. SOURCES USED TO DOCUMENT ELIGIBILITY: Note: I certify that the information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification. The signature of the party completing this form is required below.	 Has received/is receiving TANF paymen and the earliest 18-month period beginni 	ts for any ing after A	r 18 months starting after August 5, 1997; August 5, 1997, ended within the last 2 years; o	or Y	/es No or	
Note: I certify that the information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification. The signature of the party completing this form is required below.					/es No	
verification. The signature of the party completing this form is required below.	19. SOURCES USED TO DOCUMENT ELIGIBIL	ITY:				
	Note: I certify that the information is true and verification. The signature of the party of	correct t	to the best of my knowledge. I understand that	t the inforr	nation above may be subject to	
ı				21	. DATE:	

INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL CHARACTERISTICS FORM (ICF) ETA 9061. This form is used in conjunction with IRS Form 8850 to determine eligibility for the Work Opportunity and Welfare-to-Work Tax Credits. The form may be completed by the applicant, the employer or employer representative/consultant, the SWA/DLA or the Participating Agency and signed by the person or agency filling out this form. This form is required to be used, without modification by all employers and/or their representatives.

- Control Number (for agency use only). The SWA/DLA or participating agency determines the Control Number. It may be a Social Security Number, case number, or other appropriate designation which permits easy filing, identification and retrieval of forms. Enter this number here.
- Date (for agency use only). Enter the month, day, and year when the form is received. Box 2:
- Employer Name/Address. Enter the name and address including zip code and telephone number of the employer applying for Box 3: a WOTC Employer Certification.
- Employer Federal ID No. Enter employer's federal taxpayer identification number. Box 4:
- Employment-Start Date/Wage/Position or Title. Enter the employment start date, the starting hourly wage, which the Box 5: employee will be paid. If not known, enter an estimated wage to be paid. Also, enter the job or position title, under which the individual or prospective employee will be performing for this employer.
- Previous Employment for This Employer. This requires a YES or NO answer. Enter a check mark (>) in the corresponding blank. Box 6:
- Name of Individual. Enter full name of individual or prospective employee. Box 7:
- Box 8: Social Security Number. Enter individual's social security number here.

Boxes 9 through 16 Read each box carefully. Enter a check mark () to indicate if your answer is a YES or a NO. Provide additional information where requested for either the WOTC or the WtW tax credit's target group eligibility. and 18:

Box 17: Name and Address. Enter name and address of individual who is the primary recipient of benefits.

Sources to Document Eligibility. List and/or describe the documentary* evidence or sources of collateral contacts that are attached to this form (ICF) or that will be provided. Indicate in parentheses, next to each document listed whether it is attached or forthcoming. Some examples are provided below. Employers may also obtain a letter from the agency that administers a relevant program, stating that the employee or a member of his/her household meets one of the eligibility requirements.

Examples of Documentary Evidence or Collateral Contacts:

(Required for High-Risk

Summer Youth & Food Stamp)

Birth Certificate

AGE/BIRTHDATE:

- Driver's License • School I.D. Card*
- Work Permit
- Federal/State/Local Gov't LD.*
- Hospital Record of Birth

FAMILY INCOME:

(Required for Ex-Felon)

- Pav Stubs
- Employer Contacts
- W-2 Forms
- Ui Documents
- Public Assistance Records of No. of Months Benefits Were Received.
- Family Members' Statements
- Parole Officer's Name
- Parole Officer Statements

VOCATIONAL REHABILITATION VETERANS' STATUS:

REFERRAL:

- Voc. Rehab. Agency Contact
- Social Services Agency Contact
- Veterans' Administration

EX-FELON STATUS:

- Parole Officer's Name
- · Correction's Institution Records
- Court Record, Extracts

AFDC (IV-A) RECIPIENT:

- AFDC/TANF Benefit History
- Signed Statement From Authorized Individual w/Specific Description
- Case Number

FOOD STAMP RECIPIENT:

- Food Stamp Benefit History
- Signed Statement From Authorized Individual w/Specific Description of Months Benefits Were Received.
- Case Number Identifier

Examples Continued:

- DD-214
- Reserve Unit Contacts
- Discharge Papers*

VOCATIONAL REHABILITATION REFERRAL:

- Voc. Rehab. Agency Contact
- Signed statement from authorized individual w/specific description of months benefits received
- Veterans Administration Records

AFDC/TANF & LONG-TERM

ASSISTANCE RECIPIENT

AFDC/TANF Beneits History

of months benefits received

Case Number Identifier

Signed statement from authorized

individual with specific description

EMPOWERMENT ZONES/ENTERPRISE/RENEWAL **COMMUNITIES:**

- Driver's License
- Work Permit
- Utility Bills
- Signed Statement From Authorized Individual w/Specific Description
- Lease Document
- Voter Registration Card
- Food Stamp Award Letter
- Social Security Agency Letter
- Library Card**
- Landlord's Statement
- Letter From Social Service Agencies
- School Records
- Medicaid/Medicare Card
- Property Tax Record
- Public Assistance Records
- Rent Receipts
- School I.D. Card
- W-4
- Selective Service Registration Card

- SSI Record or Authorization
- SSI Contact

SSI RECIPIENT:

• Evidence of SSI Issuance

NUMBER IN FAMILY:

- Public Assistance
- Social Services Agencies

NOTE: This list is not an exhaustive list. For more information, contact your WOTC public State Workforce Agency.

- * Where any item of documentation such as a Federal I.D. Card does not contain age or birthdate, the SWA/DLA must obtain another documentary source to verify the individual's age.
- ** Where any item of documentary evidence, such as library card does not contain the holder's address, the SWA/DLA must obtain documentary evidence issued in the jurisdiction where the EZ/EC or RC is located showing the holder's address.

Page 2 of 3 ETA 9061 (Rev. July 2002) **Box 20. Signature.** If applicant completes this form, he/she must enter signature here. If applicant is a minor, the parent or guardian should sign this box. If form is completed by the employer or his/her representative, enter corresponding signature here. If form was completed by the intake staff of a SWA/DLA or participating agency, enter corresponding signature in this box.

Box 21. Date. Enter the month, day and year when the form was completed.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control number. Respondent's obligation to reply to these requirements is required to obtain and retain benefits per P.L. 104-188. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reading instructions, searching existing data sources, gathering and maintaining the data needed, and completing and teviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, U.S. Employment Service, Room C-4514, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).

(Cut along doted line and keep in your files)

TO THE JOB APPLICANT OR EMPLOYEE:

THE INFORMATION AND THE SUPPORTING DOCUMENTATION YOU HAVE PROVIDED IN COMPLETING THIS FORM--OR IN SOME CASES OTHER INFORMATION THAT COULD VERIFY THE RESPONSES YOU HAVE GIVEN TO THE ITEMS/QUESTIONS IN THIS FORM--WILL BE DISCLOSED BY YOUR EMPLOYER TO THE STATE WORKFORCE AGENCY (SWA) [ENTER CORRESPONDING SWA NAME HERE]

IN ORDER TO QUALIFY FOR A FEDERAL EMPLOYER TAX CREDIT. PROVISION OF THIS INFORMATION IS VOLUNTARY. HOWEVER, THE INFORMATION IS REQUIRED FOR YOUR EMPLOYER TO RECEIVE THE FEDERAL TAX CREDIT. IF THE INFORMATION YOU PROVIDE IS ON A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.